

Conceptual Review



41 Perimeter Center East | Dunwoody, GA 30346
Phone: (678) 382-6800 | Fax: (770) 396-4828

Conceptual Review Application Requirements:

- * Completed Conceptual Review Application
- * Electronic version of the entirety of your application submittal, saved as a single PDF file
- * Complete and detailed site plan (2 copies, minimum size: 11' by 17') of the proposed use prepared, signed and sealed by an architect, landscape architect or engineer licensed in the State of Georgia, showing the following, as relevant:
 - All buildings and structures proposed to be constructed and their location on the property;
 - Height of proposed building(s);
 - Proposed use of each portion of each building;
 - All driveways, parking areas, and loading areas;
 - Location of all trash and garbage disposal facilities;
 - Setback and buffer zones required in the district in which such use is proposed to be located;
 - Landscaping plan for parking areas and remainder of site.
- * Project Explanation Statement (attach other sheets as necessary):
 - Name/address of proposed project
 - Explanation of the intent of the application
 - Total acreage of project
 - Total number of lots, including acreage and zoning
- * Other supporting materials, as needed, included but not limited to:
 - Site Photos
 - Elevation Renderings
 - Landscape Plans
 - 3-D Models

CONCEPTUAL REVIEW APPLICATION



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* Applicant Information:

Company Name:			
Contact Name:			
Address:			
Phone:	Fax:	Email:	

* Owner Information: ☐ Check here if same as applicant

Owner's Name:			
Owner's Address:			
Phone:	Fax:	Email:	

* Property Information:

Property Address:	Parcel ID:
Description of Project:	

* Applicant Affidavit:

I hereby certify that to the best of my knowledge, this application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Dunwoody Zoning Ordinance. I certify that I, the applicant (if different), am authorized to act on the owner's behalf, pursuant to this application and associated actions.

Applicant's Name:			
Applicant's Signature:	Date:		

* Notary:

Sworn to and subscribed before me this	Day of	, 20
Notary Public:		
Signature:		
My Commission Expires:		

* Owner Affidavit:

I hereby certify that to the best of my knowledge, this application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Dunwoody Zoning Ordinance. I certify that the applicant(s) (if different) are authorized to act on my behalf, pursuant to this application and associated actions.

Property Owner's Name:			
Property Owner's Signature:	Date:		

* Notary:

Sworn to and subscribed before me this	Day of	, 20
Notary Public:		
Signature:		
My Commission Expires:		

Additional Property Owner(s) Notarized Certification



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* Property Owner (If Applicable):

Signature: _____	Date: _____
Address: _____	
Phone: _____	Fax: _____ Email: _____
Sworn to and subscribed before me this _____ Day of _____, 20____	
Notary Public:	

* Property Owner (If Applicable):

Signature: _____	Date: _____
Address: _____	
Phone: _____	Fax: _____ Email: _____
Sworn to and subscribed before me this _____ Day of _____, 20____	
Notary Public:	

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Signature: _____	Date: _____
Address: _____	
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Additional Applicant Notarized Certification



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* Applicant:

Signature: _____	Date: _____
Address: _____	
Phone: _____	Fax: _____ Email: _____
Sworn to and subscribed before me this _____ Day of _____, 20____	
Notary Public:	

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